A fan product for **GURPS**® Fourth Edition

GURPS Places: Accident & Emergency

by John Shimmin

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GURPS Places: Accident and Emergency

A wildly unofficial fan supplement by John Shimmin

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Inspiration

Dewersfield A&E is a mixture of various emergency departments attended by the author over a long career of misadventure, but fundamentally a British location.

Introduction

Emergency treatment rooms go by various names: casualty, accident and emergency (A&E), emergency room, and local variations. All are focused on treating patients with no appointment and acute, potentially life-threatening symptoms. They triage arrivals, screen for a wide variety of issues, and send patients on for specialist care.

The waiting room of A&E centres is one of perpetual suffering. Scared, anxious patients wait for the summons that might come after minutes or hours, enduring pain and speculating wildly on what might be wrong with them. Depending on the era and local culture, they can be kindly places where patients cheer one another up under the benevolent eyes of caring staff - or grim, cheerless rooms where patients sit silently, obeying the unexplained orders of autocratic medics.

About the Author

John Shimmin has experienced hospitals across two continents, undergone unplanned surgery, and spend many ~~happy~~ hours in hospital waiting rooms on his own and on others' behalf.

Dewersfield A&E

Dewersfield is the primary hospital of a mid-sized and not very prosperous British city (100,000 inhabitants) in an urbanised region. It serves the city and a roughly 10-km radius of towns and villages nearby. Emergencies range from the mundane hazards of urban life to industrial accidents on the farms and factories, hikers suffering from exposure. and near-drownings in the local rivers.

Patients are a mixture of ambulance arrivals and drop-offs by car or taxi. A few even arrive by bus. Patients with less serious complaints are directed to the city's walk-in centre, but some come here regardless. Others are referred to A&E because the centre lacks specialist expertise and the problem is deemed to need *quick* attention. Ambulance arrivals whose condition is obviously critical are rushed through to surgery and other specialist departments; only those able to wait, such as broken limbs, are brought into the waiting room.

Site and Structure

The glass and steel entrance doors (DR 5*, HP 30, cover DR 4*) lead to a narrow reception area, where staff sit at a wooden counter protected by full-height 2/5″ glass partitions (DR 5*, HP 30, cover DR 4*) with perforations for speech. A door to the north leads to a children's waiting room; it can only be opened by staff keycards, or by the desk staff pressing an access button for patients to enter. Another to the west leads to an assessment room. On the south wall of this corridor is a large diagram showing "What to expect when you arrive at the hospital". Next to it are signs displaying the hospital's performance on various inspections: measures of satisfaction, cleanliness, and so on.

The waiting room is roughly a 13-yard square. The room is largely white, with walls painted grey to waist height. Corners are marked clearly in grey to aid navigation for visually-impaired patients, and lightly padded. The eastern wall is a bright blue.

Most of the room is occupied by rows of steel "gang" seating (DR 7, HP 40, cover DR 7, 150 lbs.). These consist of several seats welded to a movable steel frame. There are seven rows to the west of the room, and five to the east. Another row are along the southwest wall.

The northern wall of the waiting room contains three small toilets, one large and with accessibility features. The others have simple built-in toilets with no seats, for easy cleaning and accident prevention. The toilet doors open in both directions for ease of access.

There are three assessment rooms to the west and three to the east. Each measures approximately four yards in each direction. These are interlinked, with adjoining doors allowing easy conversion and consultation with colleagues. They contain computers, desks (DR 2*, HP 32, 80 lbs., Combustible, simple lock), beds (DR 6, HP 28, 520 lbs.), two padded wooden chairs (DR 1*, HP 10, 16 lbs., Combustible), and the staff computer chair (DR 2, HP 32, 45 lbs.), as well as basic medical supplies and tools. The western rooms have lightly-frosted glass windows to the ambulance zone (DR 2*, HP 4). A "Room in use" sign illuminates beside each room during consultations.

A double door in the southeast leads into the hospital proper; the closest room has a duty nurse, paramedics coming and going, and various patients in mobile beds for despatch around the hospital. Just north of it, on the east wall, are signs displaying information about the hospital's governance and management, and a guide to different staff uniforms and their responsibilities.

Cellphone reception in the room is regrettably dire. Patients regularly get up to stand by the entrance in order to check messages. Two wi-fi networks are available to patients (and a bewildering array of others to staff), but it's a matter of luck whether any individual can actually get them to work. There is an electrical socket on the western pillar and another behind the drinks trolley.

Structural Features

Exterior walls are 12″ reinforced concrete with brick facing (DR 144*, HP 91, cover DR 120*). Main interior walls are 8″ reinforced concrete (DR 96*, HP 80, cover DR 80*). The assessment rooms and toilets have walls of 2″ wallboard (DR 2*, HP 29, cover DR 1*, Combustible). Interior doors throughout are fire-resistant wood (DR 2*, HP 29, Combustible; *highly resistant,* p. B433) certified for 30 minutes.

The ceiling is suspended tile. Fluorescent tubes behind mesh occupy every fifth tile, keeping the room well-lit (-2 to Vision). Gentle air conditioning keeps the air fresh and inoffensive. There are several smoke detectors, and two black hemispherical CCTV cameras in the NE and SW corners. The floor is non-slip formica.

There are two large, square concrete pillars (DR 216*, HP 91, cover DR 360*). If either is compromised, the roof

sags; tiles and cables fall, dust billows (DX to avoid blinding and coughing for 1d seconds) and main lighting fails. The roof may collapse in at any moment, or not for hours (3d large-area crushing from falling floorboards and furniture). If *both* are broken, the roof collapses in 1d x 1d seconds!

Equipment and Fittings

On the south wall are three vending machines (DR 3, HP 28). They sell snacks, bottled drinks, and instant hot drinks. There is a broken water cooler; beside it is a steel trolley (DR 3, HP 20) holding ten covered water jugs and a large stack of disposable cups. Above it on the wall is a hand sanitiser dispenser (contents are flammable). A "caution slippery floor" sign is propped against the wall.

In the south-west corner is a clock, mostly obscured by a banner asking "Do you need to be here?" and listing other medical services: "one-in-four visitors to A&E could be treated elsewhere".

Several signs around the room list the different services patients can use, partly to encourage them not to over-use accident and emergency rooms. Steel wall racks on the north and east walls hold an assortment of leaflets about medical conditions. A screen on the southern wall (DR 1*, HP 12) shows waiting times and numbers in this and nearby hospitals.

Large standing banners (pole DR 11, HP 22, 8 lbs.) recommend quitting smoking, and ask "would you prefer a GP appointment?" with details about obtaining one. These can serve as crude shields in an emergency, but are more useful as cover (pp. B408-409).

Steel bins (DR 3, HP 14, 15 lbs.) for ordinary waste, and simple medical waste, are stationed around the room.

Ambience

An air of strained patience and grim cameraderie prevails. Patients exchange sympathetic looks and try to overlook the grunts, groans, and frustrated gestures of their fellows. Most are here with a companion, and talk quietly. Brief, supportive comments are exchanged at the coffee machine, and occasional quips muttered at staff announcements or events. The staff try to encourage this display of spirit by friendly, informal, and sometimes jocular mannerisms.

As evening comes, an increasing proportion of patients are intoxicated. There is less restraint, more tomfoolery and more emotional outbursts. Some sober patients huddle quietly to themselves, trying to ignore the drunks. Others regard them with sympathy or try to talk them down, with attitudes ranging from grandmotherly kindness to frank exasperation. It is a more chaotic place, and occasionally a threatening one. A security guard hovers nearby to keep an eye on proceedings and ensure nothing goes too far.

Procedures

Receptionists register arrivals and ask key questions to aid in triage. Patients sit until called by the triage nurses for assessment: truly urgent cases are seen immediately, but others wait for an hour or more. After triage, patients are either rushed into urgent care or sent out to wait for treatment. It's common to wait 3-4 hours for ailments that aren't life-threatening. Vulnerable patients - those who are frail, have learning difficulties or mental health issues, or seem at high risk of leaving without treatment - are seen more urgently.

Denizens of A&E

The emergency room typically contains two to four receptionists, six medics, and 40-60 patients. A few paramedics linger in the corridor and rooms to the south. Overnight, this drops to 10-20 patients in the early morning, increasing again after 8am as early risers arrive.

Staff Members

All hospital staff have basic training in dealing with the patients they may encounter. Experience helps them identify erratic behaviour or signs of crisis. Medics and security staff receive basic restraint training to deal with confused and violent patients.

Cleaners: Housekeeping-12; Body Language-8; Diplomacy-8; Psychology-8.

Triage Nurse: Body Language-10; Diagnosis-12; Diplomacy-10; Escape-8; First Aid-14; Lifting-12; Lip Reading-10; Pharmacy-10; Psychology-12; Combat Reflexes (Non-Combat); Good With Patients.

Receptionist: Administration-12; Diplomacy-12; First Aid-10; Housekeeping-10; Psychology-10; Good With Patients.

Security Guard: ST 12; Body Language-12; Diplomacy-12; Escape-10; First Aid-10; Lifting-14; Psychology-12; Search-10; Wrestling-10; Combat Reflexes.

Typical Patients

The following are likely visitors to an emergency room. Patients are suffering from irritating conditions (p. B428) giving -2 or -4 to all skill, IQ, and DX rolls. If a crisis strikes, most freeze or try to get away.

Roger Belgrave: Early 60s. Tripped and cut his head open during DIY. Sits patiently with a huge bandage wrapped around his head.

Andy Edwards: 40s. Developed a severe, ghastly-sounding cough. Attracts worried glances and wincing every few minutes when he erupts into a coughing fit. Otherwise fit (no penalties).

Alexenia Gerov: 40s. Badly sprained wrist and elbow in a fall, various cuts and bruises. In a great deal of pain, occasional moans and sobs. Trying to text one-handed.

Aliya Hussein: Mid-20s, injured her leg during sports training. Sits in a hospital wheelchair awaiting inspection, occasionally shouting "look out" when a careless patient wanders too close to her extended foot. Bored and alert to anything at all happening nearby.

Francis Ikwe: 60s. Severe nausea since the previous day. Unable to eat, sips a little water, sits looking utterly miserable. Accompanied by a neighbour, Diane, clearly unsure of how to help but quietly talking to him.

Dale Ingham: Concerned about post-surgical complications and waiting for an inspection. A plastic tube (a surgical drain) leads from his lower back to a tough plastic blood bag, which he has tactfully concealed in a shoulder bag. Unable to sit for long periods, he regularly hops up to stand or walk around, careful to keep his drain away from obstacles.

Zoe Kirkdale: 50s, smart, businesslike. Unexplained skin condition is worsening rapidly, possibly chemical exposure. Has drunk five Americanos, and shows it. Will leap up to intervene if anything dramatic happens, and possibly if it doesn't.

Jacqiue Lodge: 20s, student chic. Fever and heavy sweating. Very tired and listless; sips water constantly. Accompanied by a friend, Sonya, who tries to keep her distracted by reading out social media posts.

Geoff Moncrieff: 50s, tracksuit. Chest pain. Too anxious to do much of anything. Accompanied by son Liam, 20s, even more anxious, full of nervous energy and constantly quizzing staff; might explode.

Wing-Fu Shan: 50s, extremely stylish. Dizziness and confusion. Mild erratic behaviour as he loses track time and events around him - gets up and down, buys things from the machines and forgets to pick them up. Stumbles due to dizziness. Attracting concerned looks from others.

Dawn Tubbs: Late teens, pyjamas and jacket, Doc Martens. Undiagnosed abdominal pain. Listens to music on one earphone, hunches over, groans a lot.

Terri Welsh: Early 30s. Experiencing pain and tremors in her left arm. Engaged in an on-and-off battle with the vending machines, which seem to actively dislike her: they reject payment, wait ten minutes to dispense her bottled soda, and so on. Frustrated and baffled in equal measure.

Night Patients

Adil Bibi: 20s, various bruises, probable broken ribs, and a bleeding lip. Has clearly been in a fight, and won't say anything about it. Awaiting an X-ray. Sits against the south wall, looking nervously around the room as though expecting trouble.

Tom Browncross: 50s, fell and broke his nose during a drunken accident. Tipsy and loud, but harmless.

Sheila Hammonds: 40s, sprained fingers and various cuts falling over a fence. Drunk, veering from self-pitying embarrassment to mild belligerence at anyone paying attention. Two similarly-drunk friends attempt to pacify her, loudly apologise to people nearby, and forcibly engage them in overly-familiar jocularity.

Neil Jameson: 30s, laddish, feeling weird, headaches. Tipsy and definitely on A Substance, but refuses to disclose any details. Stares fixedly at points in space; occasional sudden lurches. Sporadically takes and crushes the disposable water cups.

Roy Vaugn: 60s, dressed as a leopard. Extremely drunk, injured shoulder and back. Slumps and occasionally nods off, then jerks awake. Regales everyone within earshot - which is everyone - with incomprehensible stories about his job. Attempting to sober up by drinking coffee, foiled by spilling most of it.

Visitors

Patients aren't the only ones who visit the emergency room.

Constable Hinds: 40s, weary. Accompanies someone to A&E - perhaps an injured drunk, a confused elder, or someone arrested and in need of treatment beyond what the police station can offer. Might be seeking treatment for their own injuries. ST 12; Brawling-12; Detect Lies-12; Interrogation-12; Observation-12; Search-12. Has handcuffs, possibly Taser.

Raquel Owens: Local journalist. 50s, sharp-eyed. Looking for confirmation of a story, an interview, or just gathering information for a general piece about the work of the hospital. Body Language-12; Detect Lies-12; Fast-Talk-12; Photography-11; Stealth-10.

Map of Dewersfield A&E